## U.S. Department20004usti20298-WKW-SRW Document 54 PROCESSOR/20021PT FAND REFTURN United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form

SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  ONE GLOCK, MODEL 22, .40 CALIBER PISTOL, BEARING SERIAL NUMBER FRU000  ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)  c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104	PLAINTIFF UNITED STATES OF AMERICA							COURT CASE NUMBER 2:06cr298-WKW		
ONE GLOCK, MODEL 22, 40 CALIBER PISTOL, BEARING SERIAL NUMBER FRU000  ADDRESS Street or 87D, Apartment No., Cip., State, and ZiP Code; C/O ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104  SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:  Number of paries to be served with this Fetting 285  Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney's Office Assistant United States Attorney Fost Office Box 197  Montgomery, Alabama 36101-0197  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service)  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service)  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service)  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service)  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service)  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Atternate Address, and Atternate	DEFENDANT REGINALD LASHAWN SAWYER									
ATT ADDRESS (Stress or RFI), Againment No., City, State, and ZIP Codg  C/O ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104  SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:  Number of process to be served.  Tomine Brown Hardwick United States Attorney's Office Assistant United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Assistable For Service)  AGENCY # 776045-07-0014  SIgnatury of Autorice, or, other Opiginator requestigle Service on behalf of:  ### PLAINTIFF ### DEFENDANT  ### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE  **Submonding receipt for the soul No  No	SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE									
C/O ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104   SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:   Whither forms to be served   I with the Forms of the third the Forms of the third the Forms of the third the Forms of the served   I with the Forms of the third the Forms of the Served   I with the Served   I with the Forms of the	•	ONE GLOCK, MODEL 22, .40 CALIBER PISTOL, BEARING SERIAL NUMBER FRU000								
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:    Number of process to be served with this Form - 285   United States Attorney's Office Assistant United States Attorney of the Charles Assistant United States Attorney of the Charles Assistant United States Attorney of the Charles Assistant United States Attorney of Montgomery, Alabama 36101-0197   SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Butinesed Times Available For Service)   AGENCY # 776045-07-0014   Signatury of Attorney of, other Opiginator requesting service on behalf of:   Plaintiff   TELEPHONE NUMBER   O4/24/08   SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE   Service for the total manker of process address, address	AT									
Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service)  AGENCY # 776045-07-0014  Signatury of Autorney or, other Originator requesting service on behalf of:  By PLAINTIFF DEFENDANT  TELEPHONE NUMBER (334) 223-7280  04/24/08  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE  1 acknowledge receipt for the total manker of process undecaded.  I hereby certify and return that 1 They personally served.   have legal evidence of service.   have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., sthown at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.    I hereby certify and and return that 1 am unable to locate the individual, company, corporation, etc., shown at the address inserted below.    I hereby certify and different than shown above)    I hereby certify and mileage Charges (including evidence of service)   Date of Service   Date of Service   Time   2/1/05   0/835   pm		c/o ATF, 2 North J	ackson Street, Su	ite 404,	Montgomer	y, Alabama 3	5104			
United States Attorney's Office Assistant United States Attorney Post Office Bassistant United States Attorney Post Office Box 197  Montgomery, Alabama 36101-0197  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address. All Telephone Numbers, and Estimated Times Available For Service)  AGENCY # 776045-07-0014  Signature of Attorney or, other Originator requestion service on behalf of:    Defendant	SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:						Number of process to be served with this Form - 285			
Post Office Box 197 Montgomery, Alabama 36101-0197  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)  AGENCY # 776045-07-0014  Signatury of Attorney or, other Osiginator requesting service on behalf of:    Defended	United States Attorney's Office Assistant United States Attorney Post Office Box 197									
AGENCY # 776045-07-0014  Signatury of Attorney or, other Originator requestite service on behalf of:    DATE							Check for service on U.S.A.			
Signature of Attorney or, other Originator requesting service on behalf of:    DATE	SPECIAL INSTITUTE Telephone Numb	RUCTIONS OR OTHER lers, and Estimated Times	NFORMATION THA Available For Service	T WILL	ASSIST IN EX	PEDITING SERV	ICE (Include	Business and Alter	rnate Address, A	<u> </u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE	PLAINTIFF									
Total Process   District of Origin   District to Serve   Sugnature of Authorized USMS Deputy or Clierk   Date			<u> </u>	. MAR					LINE	
Total Mileage Charges (including endeavors)  Total Mileage Charges (including endeavors)  Total Mileage Charges (including endeavors)  Technique and the address shown above or on the individual, company, corporation, etc., named above (See remarks below).  A person of suitable age and discretion then residing in the defendant's usual place of abode  Time (an)  Time (an)  Time (an)  A provide for U.S. Marshal or Depoty  Advance Deposits  Amount Owed to US Marshal or Amount or Refund	t acknowledge receipt for the total number of process indicated. (Sign only first USM 295 if more than			Origin District to Serve Signature of A		ahaninad HCMC	Dames on Clark	2000		
Name and title of individual served (If not shown above).  A person of suitable age and discretion then residing in the defendant's usual place of abode  Address (complete only if different than shown above)  Date of Service  Titrue  ON 835 pm  Signature of U.S. Marshal or Deputy  Kultural The Number of U.S. Marshal or Deputy  Kultural The Number of U.S. Marshal or Deputy  Amount or Refund  Service Fee  Total Mileage Charges (including endeavors)  Forwarding Fee  Total Charges  Advance Deposits  Amount Owed to US Marshal or Amount or Refund	number of process	indicated		_		Signature of At		Deputy or CI;erk	Date	
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PRIOR EDITIONS MAY BE USED

FORM USM 285 (Rev. 12/15/80)

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